



***New Jersey Office of the Attorney General***

Division of Consumer Affairs

State Board of Professional Engineers and Land Surveyors

124 Halsey Street, 3rd Floor, P.O. Box 45015

Newark, New Jersey 07101

(973) 504-6460

**Professional Engineers and Land Surveyors**

**Re: Certificate of Authorization**

Please be advised that any corporation (except a professional service corporation established pursuant to the "Professional Service Corporation Act, N.J.S.A. 14A:17 et seq.) offering or providing professional engineering and/or land surveying services in the State of New Jersey **must obtain a Certificate of Authorization** from the State Board of Professional Engineers and Land Surveyors to perform these functions. Any corporation offering or providing said services without the requisite Certificate of Authorization is in violation of N.J.S.A. 45:8-56.

Very truly yours,

Joanne Leone, Esq.  
Executive Director  
State Board of Professional Engineers  
and Land Surveyors



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## **Certificate of Authorization Instruction Sheet**

The form must be typed or printed clearly. Separate sheets of paper may be used for additional information. **Please provide a telephone number and an email address.**

- A nonrefundable application fee of \$120.00, made payable to the State Board of Professional Engineers and Land Surveyors, must be submitted with the application. Applications received after the first year of a biennial renewal period require a one-year registration fee of \$60.00.
- A notary seal is required on page two of the form. You must also provide the signatures of the New Jersey licensee who is in "responsible charge" and a corporate officer where indicated.
- **Domestic corporations (New Jersey corporations) must** submit a certified copy of the Certificate of Formation or Incorporation, and a copy of the most current annual report with all applications. Both documents are issued from the Division of Revenue in the New Jersey Department of the Treasury. To obtain the certificate, call (609) 292-9292 or log onto [www.nj.gov/njbgs](http://www.nj.gov/njbgs).
- **Foreign corporations (out of state corporations) must** present a certified copy of the Certificate of Formation or Incorporation issued by the home state. Also, **submit** a certified copy of a Certificate of Authority to do business in New Jersey, issued by the Division of Revenue in the New Jersey Department of the Treasury and a current Annual Report. To obtain both certificates, complete an application for Public Records Filing for New Business Entities, call (609) 292-9292 or log onto [www.nj.gov/njbgs](http://www.nj.gov/njbgs). A copy of the most current annual report filed with Division of Revenue **must** be submitted with every application.

**Any changes (corporate address, address of record, if different, professional engineer and/or land surveyor in responsible charge, corporate officers, etc.) must be reported in writing within 30 days of the change.**

- Return the Certificate of Authorization application to the address below.

**STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS**  
P.O. BOX 45015  
NEWARK, NJ 07101

- Once your Certificate of Authorization application has been approved, you will be issued a certificate number. This certificate number **must** be indicated on your Title Block, Plans and Letterhead.

**NOTE: Applications not signed, notarized, dated or received without required documentation will be returned.**

**PLEASE INDICATE A DESIGNATED RESPONSIBLE-CHARGE LICENSEE AS THE CONTACT PERSON WHO WILL RECEIVE ALL CORRESPONDENCE FROM THE BOARD.**



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Newark, New Jersey 07101  
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## CHECK ONE:

- ☐ Professional Engineering  
☐ Land Surveying  
☐ Engineering and Land Surveying

## Certificate of Authorization Application

Pursuant to N.J.S.A. 45:8-56

\* You must complete the "Details of Ownership" pursuant to N.J.S.A. 45:8-57.

**Note: Print clearly or use a typewriter. If any space is inadequate for any portion of this form, use a separate sheet of paper.**

| Name and address of the corporation   | Contact person's phone no.<br>(include area code)   | Date of this application   |      |                |          |       |          |       |          |
|---|---|--|------|----------------|----------|-------|----------|-------|----------|
| Name and Address of registered agent in New Jersey  | I have attached the required certified copy of the Certificate of Incorporation/Authority/Formation from the N.J. Dept. of the Treasury. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |      |                |          |       |          |       |          |
| Addresses of the satellite offices in New Jersey where professional services will be offered or provided (each office must be sequentially numbered beginning with 2; as in 2, 3, 4, etc.).<br>2. _____<br>3. _____<br>4. _____   |   | Submit a copy of the most current annual report filed with Division of Revenue in the New Jersey Department of Treasury. |      |                |          |       |          |       |          |
| Name and license number of the licensee in responsible charge in the principal office.  |   |  |      |                |          |       |          |       |          |
| Name and license number of the licensee in responsible charge in each additional office.<br><table border="1"><thead><tr><th>Name</th><th>License number</th></tr></thead><tbody><tr><td>2. _____</td><td>_____</td></tr><tr><td>3. _____</td><td>_____</td></tr><tr><td>4. _____</td><td>_____</td></tr></tbody></table> |   |  | Name | License number | 2. _____ | _____ | 3. _____ | _____ | 4. _____ |
| Name  | License number  |  |      |                |          |       |          |       |          |
| 2. _____  | _____   |  |      |                |          |       |          |       |          |
| 3. _____  | _____   |  |      |                |          |       |          |       |          |
| 4. _____  | _____   |  |      |                |          |       |          |       |          |

Every person in responsible charge listed below must include the numeric identifier of his or her work location following his or her name in the column below.

List all **personnel in-responsible-charge** who act on behalf of the corporation as a professional engineers or land surveyor.

I hereby certify that I am familiar with the laws and regulations governing the practices of professional engineers or land surveyors in New Jersey and the definition of "responsible charge" therein, and my responsibility under this definition.

| Name | N.J. license number    |                   | Home address | X | Signature |
|------|------------------------|-------------------|--------------|---|-----------|
|      | Prof.<br>Land Surveyor | Prof.<br>Engineer |              |   |           |
| ( )  |                        |                   |              |   |           |
| ( )  |                        |                   |              |   |           |
| ( )  |                        |                   |              |   |           |
| ( )  |                        |                   |              |   |           |
| ( )  |                        |                   |              |   |           |
| ( )  |                        |                   |              |   |           |
| ( )  |                        |                   |              |   |           |

Any changes in the above information must be reported to the Board within 30 days after such changes become effective.

Under oath, I declare that the foregoing statements, to the best of my knowledge and belief, are true and made in good faith.

|  |  |      |
|--|--|------|
| Print the name of the Chief Executive Officer  | Signature of the Chief Executive Officer | Date |
| <b>Corporation Section (for corporations and limited liability companies)</b>  |  |      |
| Name of corporation  |  |      |
| Print the name of the authorized officer   | Title                                    |      |
| Signature of the authorized officer  | AFFIX<br>CORPORATE<br>SEAL               |      |
| Date   | (Corporations only)                      |      |
| Before me personally appeared the signer of the above, who acknowledged himself/herself to be the authorized above-named officer (or managing member) of the above-named corporation, and that he/she being authorized to do so, executed this application for the purposes stated by signing the name of the corporation by himself/herself as the authorized officer. In witness thereof:<br>Subscribed and sworn to before me this day of _____, _____.<br>County _____ State _____<br>Print name of notary public _____<br>Signature of notary public _____<br>Date commission expires _____<br>AFFIX<br>NOTARY PUBLIC<br>SEAL |  |      |

|   |                         |                           |         |   |   |  |
|---|-------------------------|---------------------------|---------|---|---|--|
| <b>DETAILS OF OWNERSHIP</b><br><input type="checkbox"/> Professional Engineers <input type="checkbox"/> Land Surveyors <input type="checkbox"/> Professional Engineers and Land Surveyors<br><input type="checkbox"/> <i>Please check if there have been no changes to the Details of Ownership since originally filed.</i> |                         |                           |         |   | I certify that I am familiar with the laws and regulations governing the practices of professional engineers and/or land surveyors in New Jersey. I am aware that the Certificate of Authorization may be revoked if any agent, employee, director or officer of the corporation or manager or member of a limited liability company violates or causes to be violated any provisions of those laws or regulations. |  |
| Designation:*    D = Director      M = Manager or Member      O = Officer<br>P = Principal Stockholder      A = All designations<br>Please specify if more than one designation is applicable.  |                         |                           |         |   |   |  |
| Name and address (and title if any) of each officer, director, manager and principal stockholders.  | *Desig.<br>D M O<br>P A | Number of shares<br>Owned | Percent | New Jersey license number, if applicable<br>PE _____ ID _____<br>RA _____ PP _____<br>LS _____ LA _____ | Signature   |  |
|   |                         |                           |         |   |   |  |
|   |                         |                           |         |   |   |  |
|   |                         |                           |         |   |   |  |
|   |                         |                           |         |   |   |  |
|   |                         |                           |         |   |   |  |
|   |                         |                           |         |   |   |  |
|   |                         |                           |         |   |   |  |

|   |   |  |  |
|---|---|--|--|
| <b>Non-closely allied professionals</b><br>Name and address | Ownership interest in LLC/Corporation<br>Amount      Percentage |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |

Use an additional sheet of paper if necessary.

|  |  |
|--|--|
| Total shares issued and outstanding.      ➡      Issued: _____<br>Outstanding: _____ | In accordance with N.J.A.C. 13:27-4.8(d), the L.L.C. or corporation and its licensees have a continuing duty to inform the Board within 30 days of any change in the information that was originally provided to the Board.<br><br><div style="text-align: right;">_____</div> Signature of licensee in-responsible-charge |
|--|--|

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).